HEALING REINS

growth with unbridled potential

Photo Release Form

I, _____(please print), grant permission tto reproduce the photographs taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am [ ] over the age of 18
[ ] the legal guardian of the following

If legal guardian of model(s), please list name(s) here:

Signature _____

Date _____

Address _____

_____